

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 149

63-028896 STATE FILE NUMBER

FILED AUG 1 1963

1. PLACE OF DEATH

a. COUNTY JASPER

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE MO. b. COUNTY JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CARTHAGE

Length of stay in 1b
37 YRS.

c. CITY OR TOWN CARTHAGE

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1239 GRAND AVENUE

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1239 GRAND AVENUE

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
CLARE EUGENE KEY

4. DATE OF DEATH Month Day Year
JULY 24 1963

5. SEX
FEMALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10/28/86

9. AGE (last birthday)
76

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY
HOMEMAKING

11. BIRTHPLACE (City and state or country)
LA HARPE, ILLINOIS

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

CHARLES RIGGS

13b. MOTHER'S MAIDEN NAME

JENNIE WINANS

14. NAME OF HUSBAND OR WIFE

JOHN R. KEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
NO

17. INFORMANT

Address MR. JOHN R. KEY, 1239 GRAND, CARTHAGE (MO.)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cerebral hemorrhage acute
Hypertension
Atherosclerosis
3 years
15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Coronary Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 18, 1963 to July 24, 1963 and last saw her alive on July 24, 63
Death occurred at 9:50 A.M. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

Emery J. M. M.D.

22b. ADDRESS

201 W. THIRD, CARTHAGE, MO.

22c. DATE SIGNED

July 25, 63

23a. BURIAL, CREMATION REMOVAL (Specify)
BURIAL

23b. DATE
7/26/63

23c. NAME OF CEMETERY OR CREMATORY
PARK CEMETERY

23d. LOCATION (City, town, or county)
CARTHAGE, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

ULMER FUNERAL HOME, CARTHAGE, MO.

25. DATE RECD. BY LOCAL REG.

July 25, 1963

26. REGISTRAR'S SIGNATURE

W. H. Clinton

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or, by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.